

808(12/19/80)

TDWR 87



**POTENTIAL HAZARDOUS WASTE SITE
IDENTIFICATION AND PRELIMINARY ASSESSMENT**

REGION SITE NUMBER (to be assigned by EPA)
6 TX0149C

NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.

GENERAL INSTRUCTIONS: Complete Sections I and III through X, as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency, Site Tracking System, Hazardous Waste Enforcement Task Force (EN-333), 401 M St., SW, Washington, DC 20460.

I. SITE IDENTIFICATION

1. SITE NAME <i>Mericher Company</i>	2. STREET (or other identifier) <i>1917 Hadley Road</i>		
3. CITY <i>Houston</i>	4. STATE <i>TX</i>	5. ZIP CODE <i>77015</i>	6. COUNTY NAME <i>Harris</i>

7. OWNER/OPERATOR (if known)

7. NAME <i>Same as "A" above.</i>	8. TELEPHONE NUMBER <i>(713) 455-1311</i>
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9. TYPE OF OWNERSHIP

1. FEDERAL 2. STATE 3. COUNTY 4. MUNICIPAL 5. PRIVATE 6. UNKNOWN

I. SITE DESCRIPTION Storage Facilities - tanks. Filtration of wastes prior to disposal is at an on-site injection well.

10. HOW IDENTIFIED (Indicate compliance, OSRA criteria, etc.)

*unknow*11. DATE IDENTIFIED
(Mo., Day, & Yr.)

12. PRINCIPAL STATE CONTACT

12. NAME <i>Clarence Johnson - T.D.W.R.</i>	13. TELEPHONE NUMBER <i>(713) 479-5981</i>
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14. PRELIMINARY ASSESSMENT (complete this section last)

15. APPARENT SERIOUSNESS OF PROBLEM

1. HIGH 2. MEDIUM 3. LOW 4. NONE 5. UNKNOWN

16. RECOMMENDATION

1. NO ACTION NEEDED (no hazard)
2. SITE INSPECTION NEEDED
a. TENTATIVELY SCHEDULED FOR:
3. WILL BE PERFORMED BY:
4. SITE INSPECTION NEEDED (no priority)

17. PREPARER INFORMATION

17. NAME <i>Ken Cooper</i>	18. TELEPHONE NUMBER <i>(713) 226-5261</i>	19. DATE (Mo., Day, & Yr.) <i>12-18-80</i>
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III. SITE INFORMATION

20. SITE STATUS

1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if intermittently.)
2. INACTIVE (Those sites which no longer receive wastes.)
3. OTHER (Specify): *(These sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.)*

21. IS GENERATOR ON SITE?

1. NO 2. YES (specify generator's four-digit SIC Code)
2865-2812

SUPERFUND

FEB 11 1993

22. AREA OF SITE (in acres)

*storage - 1.5 acres**Processing - .25 "*

23. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES

1. LATITUDE (deg-min-sec.)
29° 45' 36"

2. LONGITUDE (deg-min-sec.)
95° 10' 48" P

REORGANIZED

24. ARE THERE BUILDINGS ON THE SITE?

1. NO 2. YES (Specify): *Production units, Filtration Building*

REVIEWED BY (NAME)

D.G. 12/20/91

FILE

1993

IV. CHARACTERIZATION OF SITE ACTIVITY

Indicate the major site activity(ies) and details relating to each activity by marking "X" in the appropriate boxes.

A. TRANSPORTER	B. STORES	C. TREATER	D. DISPOSER
<input checked="" type="checkbox"/> 1. RAIL	<input checked="" type="checkbox"/> 1. BULK	<input checked="" type="checkbox"/> 1. FILTRATION	<input checked="" type="checkbox"/> 1. LANDFILL
<input checked="" type="checkbox"/> 2. SHIP	<input checked="" type="checkbox"/> 2. SURFACE IMPOUNDMENT	<input checked="" type="checkbox"/> 2. INCINERATION	<input checked="" type="checkbox"/> 2. LANDFARM
<input checked="" type="checkbox"/> 3. BARGE	<input checked="" type="checkbox"/> 3. DRUMS	<input checked="" type="checkbox"/> 3. VOLUME REDUCTION	<input checked="" type="checkbox"/> 3. OPEN DUMP
<input checked="" type="checkbox"/> 4. TRUCK	<input checked="" type="checkbox"/> 4. TANK, ABOVE GROUND	<input checked="" type="checkbox"/> 4. RECYCLING/RECOVERY	<input checked="" type="checkbox"/> 4. SURFACE IMPOUNDMENT
<input checked="" type="checkbox"/> 5. PIPELINE	<input checked="" type="checkbox"/> 5. TANK, BELOW GROUND	<input checked="" type="checkbox"/> 5. CHEM/PHYS. TREATMENT	<input checked="" type="checkbox"/> 5. MIDNIGHT DUMPING
<input checked="" type="checkbox"/> 6. OTHER (Specify): <i>6. OTHER (Specify):</i>	<input checked="" type="checkbox"/> 6. OTHER (Specify): <i>6. OTHER (Specify):</i>	<input checked="" type="checkbox"/> 6. BIOLOGICAL TREATMENT	<input checked="" type="checkbox"/> 6. INCINERATION
		<input checked="" type="checkbox"/> 7. WASTE OIL REPROCESSING	<input checked="" type="checkbox"/> 7. UNDERGROUND INJECTION
		<input checked="" type="checkbox"/> 8. SOLVENT RECOVERY	<input checked="" type="checkbox"/> 8. OTHER (Specify)

G. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED

Filtration of wastes prior to disposal in an on-site injection well. Storage tanks also located on-site.

V. WASTE RELATED INFORMATION**A. WASTE TYPE**

1. UNKNOWN 2. LIQUID 3. SOLID 4. SLUDGE 5. GAS

B. WASTE CHARACTERISTICS

1. UNKNOWN 2. CORROSIVE 3. IGNITABLE 4. RADIACTIVE 5. HIGHLY VOLATILE
 6. TOXIC 7. REACTIVE 8. INERT 9. FLAMMABLE

10. OTHER (Specify):

C. WASTE CATEGORIES

1. Any category of wastes associated. Specify items such as asbestos, transformer, etc. below.

Yes Available operating records

2. Estimate the amount/specify unit of measure of wastes by category. Mark "X" to indicate which wastes are present.

A. SLUDGE	B. OIL	C. SOLVENTS	D. CHEMICALS	E. SOLIDS	F. OTHER
AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT
<input checked="" type="checkbox"/> 1. PAINT, PIGMENTS	<input checked="" type="checkbox"/> 2. OILY WASTES	<input checked="" type="checkbox"/> 3. HALOGENATED SOLVENTS	<input checked="" type="checkbox"/> 4. ACIDS	<input checked="" type="checkbox"/> 5. FILTERS	<input checked="" type="checkbox"/> 6. LABORATORY PHARMACEUT.
<input checked="" type="checkbox"/> 7. METAL SLUDGES	<input checked="" type="checkbox"/> 8. OTHER (Specify): <i>8. OTHER (Specify):</i>	<input checked="" type="checkbox"/> 9. HALOGENATED SOLVENTS	<input checked="" type="checkbox"/> 10. ORGANIC LIQUIDS	<input checked="" type="checkbox"/> 11. ASBESTOS	<input checked="" type="checkbox"/> 12. INERTIAL
<input checked="" type="checkbox"/> 13. POTW	<input checked="" type="checkbox"/> 14. OTHER (Specify): <i>14. OTHER (Specify):</i>	<input checked="" type="checkbox"/> 15. CAUSTICS (Specify) <i>15. CAUSTICS (Specify):</i>	<input checked="" type="checkbox"/> 16. PESTICIDES	<input checked="" type="checkbox"/> 17. INORGANIC WASTE TAILINGS	<input checked="" type="checkbox"/> 18. RADIACTIVE
<input checked="" type="checkbox"/> 19. ALUMINUM SLUDGES		<input checked="" type="checkbox"/> 20. POLYESTERS/INKS	<input checked="" type="checkbox"/> 21. FERROUS METAL WASTES	<input checked="" type="checkbox"/> 22. MUNICIPAL	<input checked="" type="checkbox"/> 23. OTHER (Specify): <i>Tank Bottoms.</i>
<input checked="" type="checkbox"/> 24. OTHER (Specify):		<input checked="" type="checkbox"/> 25. CYANIDE	<input checked="" type="checkbox"/> 26. OTHER (Specify): <i>Sodium Sulfide</i>		
		<input checked="" type="checkbox"/> 27. PHENOL			
		<input checked="" type="checkbox"/> 28. HALOGENS			
		<input checked="" type="checkbox"/> 29. PCB'S			
		<input checked="" type="checkbox"/> 30. LEAD METALS			
		<input checked="" type="checkbox"/> 31. OTHER (Specify):			

V. WASTE RELATED INFORMATION (continued)

3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard).

Sodium saltide - This material can liberate H₂S under acidic conditions.

4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.

VI. HAZARD DESCRIPTION

A. TYPE OF HAZARD	B. POTENTIAL HAZARD (check 'X')	C. ALLEGED INCIDENT (check 'X')	D. DATE OF INCIDENT (month/year)	E. REMARKS
1. NO HAZARD				
2. HUMAN HEALTH	X			
3. NON-WORKER INJURY/EXPOSURE	X			
4. WORKER INJURY	X			
5. CONTAMINATION OF WATER SUPPLY				
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER				
8. CONTAMINATION OF SURFACE WATER				
9. DAMAGE TO FLORATFAUNA				
10. FISH KILL				
11. CONTAMINATION OF AIR	X			
12. NOTICEABLE ODORS	X			
13. CONTAMINATION OF SOIL				
14. PROPERTY DAMAGE				
15. FIRE OR EXPLOSION				
16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS				
17. SEWER, STORM DRAIN PROBLEMS				
18. EROSION PROBLEMS				
19. INADEQUATE SECURITY				
20. INCOMPATIBLE WASTES				
21. MIDNIGHT DUMPING				
22. OTHER (specify):				

VII. PERMIT INFORMATION

A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE.

- A. NPDES PERMIT B. SPCC PLAN C. STATE PERMIT/SPUD/PLP
 D. AIR PERMITS E. LOCAL PERMIT F. RCRA TRANSPORTER
 G. RCRA STORER H. RCRA TREATER I. RCRA DISPOSER

T.D.N.R.

 J. OTHER (specify)

B. IN COMPLIANCE?

- A. YES B. NO C. UNKNOWN

A. WITH RESPECT TO (list regulation name & number)

VIII. PAST REGULATORY ACTIONS

- A. NONE B. YES (complete items 1, 2, 3, & 4 below)

IX. INSPECTION ACTIVITY (past or ongoing)

- A. NONE B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (MM, DD, & YY)	3. PERFORMED BY (EPA/State)	4. DESCRIPTION
NPDES Inspection	3-4-75	EPA	Water inspection

X. REMEDIAL ACTIVITY (past or ongoing)

- A. NONE B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (MM, DD, & YY)	3. PERFORMED BY (EPA/State)	4. DESCRIPTION

NOTE: Based on the information in Sections III through X, fill out the Preliminary Assessment (Section II) information on the first page of this form.

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POTENTIAL HAZARDOUS WASTE SITE
IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION SITE NUMBER (to be assigned)
VI TX01490

NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.

GENERAL INSTRUCTIONS: Complete Sections I and III through V as completely as possible before Section II (Preliminary Assessment). File this form in the National Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency, Site Tracking System, Hazardous Waste Enforcement Team, Office of Solid Waste, 401 M St., SW, Washington, DC 20460.

I. SITE IDENTIFICATION			
A. SITE NAME Merichem	B. STREET (or other identifier) 1914 Haden Rd.		
C. CITY Houston	D. STATE TX	E. ZIP CODE 77061	F. COUNTY NAME Harris
G. OWNER/OPERATOR (if known)	J. TELEPHONE NUMBER 713/928-5961		
H. NAME Same			
I. TYPE OF OWNERSHIP			
<input type="checkbox"/> FEDERAL <input checked="" type="checkbox"/> STATE <input type="checkbox"/> COUNTY <input type="checkbox"/> MUNICIPAL <input checked="" type="checkbox"/> PRIVATE <input type="checkbox"/> UNKNOWN			
SITE DESCRIPTION (1) Lagoon/pond, (1) injection well.			
HOW IDENTIFIED (e.g. citizen's complaint, state closure, etc.) State Files			K. DATE IDENTIFIED 4/23/80
PRINCIPAL STATE CONTACT Name Tom Kearns			L. TELEPHONE NUMBER 713/479-5981
II. PRELIMINARY ASSESSMENT (Complete this section later)			
A. APPARENT SERIOUSNESS OF PROBLEM			
<input type="checkbox"/> HIGH <input type="checkbox"/> MEDIUM <input checked="" type="checkbox"/> LOW <input type="checkbox"/> NONE <input type="checkbox"/> UNKNOWN			
B. RECOMMENDATION			
<input type="checkbox"/> A. NO ACTION NEEDED (no hazard)			
<input checked="" type="checkbox"/> B. SITE INSPECTION NEEDED B. TENTATIVELY SCHEDULED FOR July - 1980			
C. WILL BE PERFORMED BY TDWR			
<input type="checkbox"/> D. IMMEDIATE SITE INSPECTION NEEDED D. TENTATIVELY SCHEDULED FOR			
E. WILL BE PERFORMED BY			
<input type="checkbox"/> F. SITE INSPECTION NEEDED (no hazard)			
C. PREPARED INFORMATION		D. TELEPHONE NUMBER 713/479-5981	
E. NAME Tom Kearns		F. DATE (MM, DD, YY) 4/23/80	
III. SITE INFORMATION			
G. SITE STATUS		H. OTHER (specify)	
<input checked="" type="checkbox"/> 1. ACTIVE (Those industries or occupied sites which are being used for waste treatment, storage, or disposal in a continuing basis, even if interim保管)		2. INACTIVE (Those sites which no longer receive wastes)	
3. OTHER (specify)		Other sites that include such activities like "abandoned" where no regular or continuing use of the site for waste disposal has occurred.	
I. IS GENERATOR ON SITE?		J. YES (specify generator's four-digit SIC Code) 28197, 28651	
K. AREA OF SITE (in acres) <1		L. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES 1. LATITUDE (deg-min-sec.) 2. LONGITUDE (deg-min-sec.)	
M. ARE THERE BUILDINGS ON THE SITE? <input type="checkbox"/> 1. NO <input checked="" type="checkbox"/> 2. YES (specify) Chemical process units.			

二列式用法 C7 應用程式 T08-2P-1-T& ACT

（二）在一個多樣化的社會中，我們應該尊重各個不同的文化、宗教和民族，並努力促進不同族裔之間的相互了解和尊重。

A. TRANSPORTATION	B. STORED IN	C. TRANSPORTED IN	D. DISPOSED OF
1. 船舶	1. 船上	1. 船上卸下至工厂	1. 船上卸下至...
2. 空中	2. 地面仓库或储存点	2. 地面仓库或储存点	2. 地面仓库或储存...
3. 公路	3. 公路货车	3. 公路货车至工厂	3. 公路货车至...
4. 铁路	4. 铁路车、车厢或半挂车	4. 铁路车、车厢或半挂车至工厂	4. 铁路车、车厢或半挂车至...
5. 河流	5. 河船、驳船或驳船	5. 河船、驳船或驳船至工厂	5. 河船、驳船或驳船至...
6. 公共运输	6. 公共运输	6. 公共运输至工厂	6. 公共运输至...

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Injection well:lagoon

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• 五國語文白鑑賞 • 五國語文白鑑賞 • 五國語文白鑑賞 • 五國語文白鑑賞 • 五國語文白鑑賞

丁巳年夏月于北京

1. 选择正确的读音，填在横线上。 2. 在括号里填上合适的量词。 3. 在括号里填上合适的词语。

330 金平秋千集

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¹⁰ See, for example, the discussion of the relationship between the state and the market in the work of James McGuire, *State and Market in Latin America* (London, 1977).

Yes = TRUE manifest records

• 100% Satisfaction Guaranteed • 100% Money Back Guarantee • 100% Risk Free • 100% Secure Payment Options

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— 100 —

本节将介绍如何使用[Visual Studio](#)的“[类视图](#)”和“[对象浏览器](#)”来查看类的结构。

Digitized by srujanika@gmail.com

Continue From Page 2

V. SITE RELATED INFORMATION (continued)

3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard).

Caustics

4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.

VI. HAZARD DESCRIPTION				
A. TYPE OF HAZARD	B. POTEN- TIAL HAZARD NAME & #:	C. ALLEGED INCIDENT NAME & #:	D. DATE OF INCIDENT (month/year)	E. REMARKS
- HAZARD				
- HUMAN HEALTH				
- INDUSTRIAL RELEASE/EXPOSURE				
- WORKER INJURIES				
- CONTAMINATION OF WATER SUPPLY				
- CONTAMINATION OF POTABLE WATER				
- CONTAMINATION OF GROUND WATER				
- CONTAMINATION OF SURFACE WATER				
- DAMAGE TO PLANT/FAUNA				
- FIRE RISK				
- CONTAMINATION OF AIR				
- INCOMPATIBLE WASTES				
- CONTAMINATION OF SOIL				
- PROPERTY DAMAGE				
- FIRE OR EXPLOSION				
- SPILLS/LEAKING CONTAINERS/ WIDELY SPREADING LIQUIDS				
- LEAKS, STORM DRAIN PROBLEMS				
- EROSION PROBLEMS				
- INADEQUATE SECURITY				
- INCOMPATIBLE WASTES				
- MIDNIGHT DUMPING				
- OTHER (Specify: See Site Description page attached.)				

continued From Front

VII. PERMIT INFORMATION

A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE.

A. NPDES PERMIT B. SPCC PLAN C. STATE PERMIT (APPLICABLE)
 D. AIR PERMITS E. LOCAL PERMIT F. RCRA TRANSPORTER
 G. RCRA STORER H. RCRA TREATER I. RCRA DISPOSER

30595

B. OTHER (Identify)

C. COMPLIANCE

1. YES 2. NO 3. UNKNOWN

D. WITH RESPECT TO OVERREGULATED NAME & NUMBER:

VII. PAST REGULATORY ACTIONS

A. NONE B. YES (complete items E, F, G & H below)

Citation #718 was issued for an unpermitted discharge occurring on June 24, 1975. A similar citation (#762) was issued on Oct. 26, 1976.

IX. INSPECTION ACTIVITY (past or ongoing)

A. TITLE	B. C. YES (complete items E, F, G & H below)	C. DATE OF PAST ACTION (MM, DD, YYYY)	D. PERFORMED BY (EPA, STATE, LOCAL, OTHER)	E. DESCRIPTION
Inspection	<input checked="" type="checkbox"/>	6/13/75	State	
Inspection	<input type="checkbox"/>	9/20/76	State	

X. REMEDIAL ACTIVITY (past or ongoing)

A. TITLE	B. C. YES (complete items E, F, G & H below)	C. DATE OF PAST ACTION (MM, DD, YYYY)	D. PERFORMED BY (EPA, STATE, LOCAL, OTHER)	E. DESCRIPTION
	<input checked="" type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			

NOTE: Based on the information in Sections III through X, fill out the Preliminary Assessment (Section II) information on the first page of this form.

X

SITE DESCRIPTION

Make additional comments or narrative description of situation known or reported to exist at the site based on file review. Include dates and description of any incidents documented in file.

File data shows that a breach in the earthen lagoon containing poly-phenol tar allowed some of the material to flow down the sides of the dike. (June, 1975)
A similar discharge occurred on Sept. 20, 1976.

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